

Mr. MARVIN MOLINA JOSE

PID NO : 33539

Age : 46 Years Sex : Male



Reference : DR. AMAIZAH

Sample Collected At :

CITICARE MEDICAL CENTER
Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5050106192

Registered on :

16-May-2025 05:55 PM

Collected on :

16-May-2025 09:56 AM

Reported on :

16-May-2025 07:54 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
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CREATININE (SERUM)

0.77

L

mg/dL

0.9 - 1.3

(Serum, Kinetic colorimetric assay based on Jaffe method)

Note: Please correlate clinically.

INTERPRETATION :

- Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, a-amylase).
- Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
- Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
- Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
- High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
- Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

UREA (SERUM)

37

mg/dL

12.86 - 42.86

(Serum, Kinetic test with urease and glutamate dehydrogenase)

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

Dr. Vyoma Shah

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M.D (Pathology)
Clinical Pathologist

Dr. Pradeep

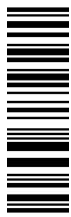
PRADEEP DAMOTHARAN
Laboratory Technologist

This is an Electronically Authenticated Report.

Printed on: 16-May-2025 07:56 PM

Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*).





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LIPID PROFILE				
CHOLESTEROL (TOTAL) (Serum, UV Enzymatic)	145		mg/dL	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.
HDL CHOLESTEROL (Serum, Homogeneous Microparticle Agglutination)	38	L	mg/dL	40 - 60
LDL CHOLESTEROL DIRECT (Serum, Homogeneous Microparticle Agglutination)	89		mg/dL	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: = or > 190 Please note change. Source: Roche IFU.
TRIGLYCERIDES (Serum, UV Enzymatic)	96		mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.
VLDL CHOLESTEROL (Serum, Calculation)	19		mg/dL	< 30
NON-HDL CHOLESTEROL (Serum, Calculation)	108		mg/dL	< 140
LDL / HDL RATIO (Serum, Calculation)	2.3			< 3.5
TOTAL CHOLESTEROL / HDL RATIO (Serum, Calculation) Note: Please correlate clinically.	3.8			< 4.5

----- End Of Report -----

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